COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH

OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: TOWNHALL MEETING

EMT INTERMEDIATE

HEARD BEFORE: GARY CRITZER

STATE EMS ADVISORY BOARD CHAIR

MARCH 8, 2017

CONFERENCE CENTER

BLUE RIDGE COMMUNITY COLLEGE

PLECKER WORKFORCE CENTER AUDITORIUM

ONE COLLEGE LANE

WEYERS CAVE, VIRGINIA

7:00 P.M.

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APPEARANCES:

Gary Critzer, Presiding Officer
State EMS Advisory Board Chair

ALSO PRESENT:

Larry Oliver
I-99 Program Work Group member

Scott Winston, Assistant Director
Office of EMS

Gregory Neiman, BA, NRP
BLS Training Specialist

Debbie Akers
ALS Training Specialist

Warren Short, Training Manager
Division of Educational Development

Asher Brand, MD
Medical Direction Committee member

Matt Lawler
CSEMS

I N D E X

INFORMATION COMMENT PERIOD

PUBLIC COMMENT PERIOD

(The townhall meeting commenced at 7:00 p.m., and the presentation commenced as follows:)

MR. CRITZER: For those of you who don't know me, I'm Gary Critzer. I'm the current chairman of the State EMS Advisory Board.

I'm also the EMS and emergency management director with the City of Waynesboro. Got several other folks here tonight that are going to be assisting in this presentation.

Larry Oliver, he's with Lord Fairfax EMS Council. But he also has previously served on the State EMS Advisory Board, was chairman of the State Training and Certification Committee.

And he also worked with the work group -- and chaired it -- that looked at the EMT-I issue in Virginia. We have Office of EMS staff with us. Back in the back, Scott Winston, the Assistant Director. Greg Neiman, the BLS Training Specialist. Debbie Akers, the ALS Training Specialist,

and Warren Short, the DED manager. You can figure out what DED means. So thank you, guys, very much for being here. And somewhere -- he's hiding -- Dr. Asher Brand who is the regional medical director for the CSEMS Region.

But also serves on the State Medical Direction Committee, representing their -- each regional council has a representative on that committee.

So they have a big influence in the outcome of the decisions that are made regarding the EMT-I program. So tonight, the way we're going to conduct this, this is a public hearing.

It's going to be following the Department of Health's public hearing guidelines. There were copies of the regulations and requirements up here.

If you didn't get them, I think there's a few more copies up there. But it just talks about how we're going to conduct this meeting. Everyone should've signed the roster. If you did not, please get it done before you leave this evening.

Also, there was a check box to the left. If you wanted to speak, you need to check that check box indicating that you'd like to speak tonight.

We are going to allow those who wish to speak three minutes. It will be timed. And that follows, again, the -- the policy by the Department of Health.

If there's time left at the end and based on the number of people that have checked that want to speak, I think we probably will have some time for others that want to make comments.

So if you hear something during the meeting and it sparks something that you want to say, I'm sure we're going to have time at the end that you can check your name and -- and allow you to speak.

As with any public forum, we expect the decorum to remain professional. I know that, in some ways, that this is a very emotional issue for folks. And part of that is because there's some misinformation that's been circulating about what's going to happen with EMT-I in Virginia. So this

-- this is the standard that we're going to be following this evening. Any questions so far? Okay. We've prepared a presentation -- and now I've lost my clicker, here it is -- that we're going to go through.

This presentation is also available on the Office of EMS web site. And if you would like to submit electronic comments, you can do that by -- on that same site, you can click on a little box and it will let you enter electronic comments.

So if after tonight, you didn't speak and you go back and you think about it from an individual perspective or an agency perspective.

And you go, you know, I really want them to hear how I feel about this. I've got a position on it. You can log -- go onto that web site and electronically submit those comments.

What's going to happen when we finish this process -- and we're doing a series of townhalls. We've done two so far. One at the last State EMS Advisory Board

meeting in Richmond, the first part of February. We did another one about two weeks ago in conjunction with the Virginia Fire Rescue Conference in Virginia Beach.

We have one here tonight. Next week, we're in Manassas during the day time at Manassas Volunteer Fire Department. Then we're moving over the following week to the Northern Neck, over at Rappahannock Community College.

Then we're moving back down towards the south at the end of the month in conjunction with the VAVRS spring Board of Governors' Meeting, end of the month.

And we still have another date that we're trying to finalize which will be in -- way down south in Abingdon. I'm not sure exactly which date that's going to be, but it's sometime hopefully the first part of April.

And we've also been asked to add another one in the Lynchburg area. So we're looking at the possibility of doing one more. Once we've done that and we've collected all the comments from these

meetings, we've collected all the comments from the electronic submissions, that information will be compiled and it'll be sent back out through the Medical Direction Committee and the Training and Certification Committee as they vet these comments.

And ultimately, they will bring a recommendation to the State EMS Advisory Board as to where we're -- where we're going to move with the EMT-I program in Virginia.

Once that's done, if it requires any regulatory changes, it will go through the -- the Administrative Process Act where, you know, you have to solicit more public comment.

There's a regulatory -- a period that you go through. They get submitted through different committees. Ultimately, up to the Board of Health.

The Board of Health approves them. Then they go, again, out for public comment. And ultimately, to the governor's desk. So this is not something that's going to happen overnight. This is going to take

some time to get this accomplished. However, the clock is ticking, and you'll understand why as we go through this process tonight. Is there any questions so far?

Okay, we'll jump right in. So we're going to talk a little bit about how we got where we are with the intermediate program in Virginia. The I-99 program was developed in the late 1990's.

I-85 was around prior to that. The program was piloted from 1999 through about 2001. And we transitioned a lot of cardiac technicians that were in Virginia over to I-99 between 2002 and 2008.

In January 2009, there were 2914 EMT intermediates certified in Virginia. The National Registry -- a lot of folks don't know this -- stopped certifying EMT-I's in 2013.

Even though I know we've got some students out here that are in the ongoing CSEMS EMT-I program, when you complete that and you take your test at the end, you will not be taking a National Registry certification examination. You'll

be taking a National Registry assessment examination. If you pass that, then you will get a Virginia EMT-I card. But you will not get a National Registry card.

Again, they haven't certified EMT-I's at the national level since December 31st. And they've been telling folks since that time that there's a plan at the national level to phase out EMT-I nationally.

One step farther, as of March 31st, 2019, there will be no more nationally registered EMT-I's. What that means is those of you that are currently certified as National Registry 'I's' that are due to re-certify this month, this is the last opportunity you will have to re-certify your National Registry as an intermediate.

By that -- by March 31st of '19, you will either have to have transitioned to a National Registry paramedic or you will revert to a National Registry EMT advanced. That has no impact on your Virginia certification. Let me make sure you understand that. That has no

impact on the Virginia certification. There is this rumor going out there that when this happens at the national level, you will lose your Virginia 'I', and that's not true.

Okay? So this effects your National Registry level certification. The big question out there is with regards to that assessment test that I mentioned.

The National Registry has indicated to us that at some point, they will stop delivering an assessment examination.

They have not given us a drop dead date in the sand, and they've assured us that they will give us adequate time to prepare. We anticipate that could probably be somewhere from 12 to 16 months.

But that's what we're doing, we're anticipating it. We don't know for sure. Technically, they could walk up tomorrow and send a note to Warren and say, we're not going to offer the assessment examination in the next 60 days. Now, the likelihood that that's going to happen is -- is very small. But they certainly have the

ability to do that. So we need to be prepared, as a state, as to what we're going to do when the National Registry stops offering an assessment test.

So we as an -- we as a state organization, meaning the -- the State EMS Advisory Board working through the Training and Certification Committee, put together a work group under the -- under that committee.

They met back in November of 2015 and they've had ongoing discussions about what to do with EMT-I in Virginia when the registry stops with that assessment testing.

This shows you some statistics about I-99 and it goes from January of '09 through January of '17, based on the number of 'I's' in Virginia. And you can see it kind of reached its peak in 2014.

That's probably about April -- between April and July of '14. We met our peak with a number of about 3200 EMT-I's in Virginia. Steadily, that number has declined down to where we are today, which

is almost back where we started. It's about 2900 EMT-I's in Virginia right now. So where we're at, again, is -- is what do we do with 'I'?

First of all, let me make sure that at no point has anyone in Virginia -- the Advisory Board, the Office of EMS or the Board of Health -- indicated that there's any intention to remove anyone's EMT-I certification.

What that means is if you're a currently certified EMT-I in Virginia, as long as you maintain that certification, you will not lose it.

So if you want to be an EMT-I until you're 99 years old, right now that's possible. And there's no intent to take that away from you. I can't tell you what's going to happen down the road 10 years.

If we had one EMT-I left in the whole State of Virginia, yeah, it might go away at that point. But currently, there's no intention to remove the EMT-I certification from anybody that has it. The key is if that assessment test goes way --

right now there's an opportunity to re-enter by taking the assessment test again. Once that test goes away, there would be no re-entry mechanism.

Unless Virginia were to develop a test, and we'll talk about that in a few minutes. So it's very important that once this goes away, under the current situation, that you not let your EMT-I expire.

That you maintain your CE, which can -- to be done fairly easily because it can all be done online. All right?

So there was initial attempt or thought that we were going to have an action item at the November 9th, 2016, Advisory Board meeting to make a decision on -- on EMT-I.

Because of the -- I don't want to call it an outcry. But because of the word that we got from the system, we felt it was important to take a pause. And to come out and do these townhall meetings and hear what the system had to say to make sure that

we are thinking about Virginia as a whole and what the best needs are of Virginia. We recognize that the needs of the Commonwealth are very diverse.

And what happens in Northern Virginia in Fairfax County, and what happens in Dickenson County in southwest Virginia is very, very different. And the needs of those communities are very, very different.

So that's why we're reaching out to try to hear from the system. Not just the providers, but the agency leadership, county and city governments, medical directors, etcetera, as to where they would like to see our system.

So the work group that was composed -- that Larry was a part of came up with a recommendation. And that recommendation was that Virginia does not currently have the resources to develop and maintain a valid, reliable and legally defense-able certification exam. And the work group further recommended that upon loss of the ability to gain initial intermediate certification, that existing

intermediates in Virginia will be able to maintain their intermediate indefinitely through continuing education, however, with no re-entry mechanism.

And that work group unanimously endorsed that on 9-2 of '16. So some -- some additional information. There will be no National Registry 'I's' after March of 2019.

We've already talked about that. Some other issues that come up as a result of the National Registry dropping that certification is that FEMA does not recognize I-99 for DMAT ALS teams.

They will only recognize national level certifications. There is no current and updated I-99 curriculum and there's no plans by anyone to update it.

So if Virginia were to keep I-99 as an ongoing certification program, we're going to have to look at the curriculum and determine what needs to be updated and how that's accomplished. Can that be done with State resources or do we have to bring somebody in from outside to

assist and insure that that curriculum is, again, sound in the way it's delivered. There's no up-to-date I-99 textbooks. Most of the classes that are taught are taught out of paramedic textbooks.

And your instructors, like Mr. Lawler and other program coordinators, have to pick the appropriate sections of that book to use towards your certification process.

The National Registry only has an assessment examination. And the only thing that's been updated in that test is the criteria for -- from the AHA when they update the science.

That's all that's been updated in that test by the National Registry. After March 13th [sic] of '19, the portability of I-99, both into and out of Virginia, will be negatively affected.

Once it's no longer a nationally recognized certification -- I don't know how many of you are familiar with the -- the EMS Compact that Virginia was able to get legislation to participate in,

which allows you to carry your certification in and out of other Compact states. It could be negatively affected once there's no longer a national certification level.

So this looks at the total numbers of EMS providers in Virginia. This -- these numbers were done as of January 6th of this year. There's 34,672 total EMS providers in Virginia.

And you can look at the different numbers. There's 2920 at the EMT intermediate level currently certified in the Commonwealth. This looks at localities in the Commonwealth where I-99's exceed paramedics. And those are shaded in purple.

So those are the -- those are the counties where there are more I-99's than there are paramedics. Okay? Now it's important to note -- now Warren, help me out.

I get this backwards every time. That one was run on where they are affiliated or where they live?

MR. SHORT: Where they live.

MR. CRITZER: Well, okay. So it's based on where you're -- you're registered, where you live in the -- in the system, not necessarily where you work or with what agency you're affiliated.

Also, these -- this identifies the localities where there are no paramedics. And again, this is based on where you register -- where you live -- not necessarily where you work.

Every county in Virginia and city in Virginia has paramedics residing in them as -- based on the information they've provided except way down here in the middle of southwest Virginia.

That's the only county that has -- or city actually, a little town -- that has no paramedics. So what if Virginia were to say, we want to maintain a National Registry certification exam?

We looked at North Carolina. For those of you that don't know, North Carolina is not a National Registry state. National Registry -- they've not adopted it and they've continued to -- to maintain and

deliver their own certification examinations. These are for all of their examinations, not just one, if I'm not mistaken. Is that correct, Warren? Yeah, it's -- so it's all levels.

And it's based on a paper-based examination. To create a single exam, to make it legally defense-able, psychometrically sound and all the buzz words that a test has to have to be able to withstand a challenge in court, takes 450 to 500 man hours.

And this information came from North Carolina on what -- the amount of time that they're spending to create a single exam. They contract with a private vendor to do this.

They contract with Castle Worldwide to provide all of these services. To make sure that those tests that they create can withstand a challenge.

And unfortunately, in the world that we live in today, we have to always think about being able to withstand a legal challenge. It's not like it was when

I first started teaching EMT in 1984, and we could write our own little tests. And there was -- there was a test bank committee in the State.

And we kind of did our own thing, and we worked with the Atlantic EMS Alliance to do that. We live in a very legalese country -- or society today and we have to make sure that if somebody takes that test and it impacts them negatively, and it effects their employment that we can withstand that challenge.

And that's what the National Registry does for us. So we would have to make sure that that's done. They also contract with the performance improvement center at the University of North Carolina for the maintenance and development of the test bank, for grading and for all the IT support is how they -- they put their tests together.

So what does Virginia have in place? We have an IT component that's about 60% complete and we have nothing else. So all those other services would have to be

provided. Whether some of it can be done in-house, whether it could work through the university system, where we'd -- whether we'd have to go to a private contractor and pay for that, we would have -- that would have to be determined.

What we know is we can't necessarily do it all by ourselves because we don't have all of these services to be able to put that test together. And there is money associated with doing that.

So if you look at -- those of you that may not be familiar, there is an organization called the Atlantic EMS Alliance.

And it was -- I can't remember how long ago that came about, but it's been a long time. And one of the primary focuses of that group was to jointly, between the states, develop EMS certification exams.

And that process became more and more difficult and more and more costly. And all of those states, with the exception of North Carolina, said this doesn't make any sense. The National Registry already

does this work for us. Why are we paying all this money to do this? And that's why all these states, with the exception of North Carolina, use the National Registry.

Virginia, as you know, in 2012 became a National Registry certification state. That's when we transitioned all of our certification exams over to the National Registry, which are administered by Pearson VUE in an adaptive format.

And they maintain the test bank and the questions and all those things. This lets you look at the number of I-99's that are out there currently.

There really are only a few states that -- that actively use intermediate. Virginia, Maryland, DC has a few. There is a few in West Virginia. They don't call them intermediates any more.

They call them advanced care technicians. And Colorado still does EMT intermediate. Those are the only states in the nation that are using EMT intermediate. So where do we go from here? We're having the townhalls that we discussed. We're

collecting information that we can push back to the committee structure of the Board. And we need to make some decisions on where to go.

The one -- the one issue that we're pretty confident that we've got our hands around is that we're not going to take intermediate away from anyone who currently has it.

You -- it is -- but it becomes the provider's responsibility to maintain that certification. Until which time that the registry stops the assessment test, there's a mechanism to re-enter.

You let it lapse, you finish your CE and you can go take the test. Once that intermediate assessment test goes away, there is no current mechanism to be able to re-enter.

You would lose your certification as an intermediate in Virginia, with no way to get it back. That means one day out and it's gone. It's over. So the question is, do we -- as a system -- invest the money to develop an EMT-I

certification examination and have a Virginia-specific 'I' test and deliver that and continue certifying 'I's' in Virginia? I can tell you if you look nationally, and there's -- there's a lot of information out there about it.

There's -- it -- there's a lot of folks today that are saying if you look at system design and you look at where we've evolved, it's sort of like everything we've done in EMS.

Those of you that have been doing this for a long time can appreciate this. We -- we thought a long time ago that, you know, back when I got in EMS in '75, it was swoop and scoop.

Put them in the truck and -- and the gas pedal was our friend. And that's how we took care of sick patients. We made that transition to shock-trauma technician and cardiac technician and we stayed and played. And we used drugs that we've now determined actually hurt patients. How many of you folks -- Steve, I'll pick on you and some others -- remember the days of

cardiac arrest, the first thing you did was give them two amps of bicarb? And we found out, guess what? We were hurting people by doing that.

MAS Trousers, etcetera. And then came the specialties in EMS, in emergency medicine where we had doc's like Dr. Brand and others.

And that brought with it, when you had a board certification for EMS and emergency medicine, that brought research. And they started looking at what we do in the field, and really, what makes a difference for our patients.

And we've -- the system has begun to evolve based on research and science and what really, really makes a difference.

If you look at the current AHA standards for -- for resuscitation, you will notice that none of the cardiac drugs that we use are in a Class I. They're all Class II drugs. Do they really make a huge difference in the mortality and morbidity of the patients that we take? We can all argue

and say, well, that one patient I took care of, I know it worked. But overall and overwhelmingly, can we argue that it truly has made a huge difference.

Well, the same thing is happening with the way we design our system. And again, I said it earlier where you can't -- you can't treat Fairfax like you treat southwest Virginia.

The demographics are different and the needs are different. However, what we're seeing and what's evolving in some of the high performing EMS systems in the country -- and when I talk about that, I'm talking about King County [phonetic], Iowa.

I'm talking about Seattle. Yes, they're big urban career systems. I get that. But they've learned and they're looking at the numbers, and they're saying, do we really need a paramedic on every truck?

Do we really have to have that? And what they're doing is saying, if we look at our numbers, 93-94% of the patients we encounter pre-hospital can be

managed with an EMT-A. That other percentage needs an advanced care practitioner, i.e., a paramedic.

And they're starting to evolve and put 'A's' on every truck and put 'P's' in strategically located zone cars. It's more cost-effective and it also allows those paramedics to maintain their skills better.

We all know in systems where you have a saturation of paramedics, if your call volume doesn't meet the level of providers that you have is that you have advanced practice providers who are not getting to use their skills.

I can tell you that happens in the system regionally. Is we have paramedics who will tell you, I haven't intubated anybody in two years other than a mannequin.

Or you can look at reports for your agency through Image Trend and see that you have providers that have trouble starting IV's because they're not starting as many, because they're lined up like residents in an ER trying to get an airway.

Getting in line to get skills and procedures. So there's a whole way of thinking that we've got to get our hands around.

I'm not saying what's right for here is right, again, for Northern Virginia or for Richmond or for Charlottesville. It depends on the need of your region.

And it's got to be a decision that's got to be made with your EMS leadership, including your medical director, including your local government officials for what's right for your community.

But we've got to get our hands around what we're going to do with -- with the future of 'I'. Again, we know that it's no -- that it's not -- there's no intent to eliminate it away from people who currently have it.

That includes you that are in class right now that plan to test in a few months. There's no intent to take that away from you once you get it, as long as you maintain it. The big question is, what do

we do once that assessment exam goes? Does Virginia need to spend the money to develop a test and deliver a test to continue that as a Virginia-specific certification program?

So the plan was that we wanted to try to have something back before the May 4th EMS Advisory Board meeting. Because we've had trouble getting some of these meetings scheduled, that may or may not make it to that date.

We would still like to target for that. At the very latest, we've got to have some kind of movement by the August meeting at the latest. Because we've got to make a decision on what we're going to do.

If the system says and we end up developing a test and moving forward with maintaining an 'I' certification and delivering that, there's a lot of work that's got to be done.

And there's a lot of money that's got to be spent. So that's -- that's where we are with 'I'. So now it's -- I'm going to offer an opportunity for Larry to

speak to you for a minute about the process that they went through. And some of the experiences over developing their recommendation.

MR. OLIVER: Thank you, Gary. Good evening, everybody. Just a little background on the work group. For those of you that haven't had the opportunity to serve on State committees or work groups, there's a representation of the various stakeholder groups from across the Commonwealth.

So the career volunteer, rural, urban, suburban, the whole nine yards. So this work group was no different than any others.

We had a stakeholder representation from all the key players, just like all the other committees and work groups of the Advisory Board.

So when we first started getting together, we knew this was going to be a tedious task because the number and availability of information nationally is

just not there any more. So when we formed in 2015, as soon as the Training and Certification Committee meeting was over with, within 24 hours we heard rumors that Virginia's doing away with Intermediate 99.

And that was farthest from the truth. The whole work group was formed if and when National Registry does away with their assessment exam for the Intermediate 99 level.

So our first webinars, we attempted to gather data and OEMS staff did that. They sent out through their email chains to the various state organizations across the country soliciting information about Intermediate 99.

There are three states, as Gary said, that really use Intermediate 99; Colorado, Maryland and Virginia. Virginia, by far, is the predominant state of using Intermediate 99.

The rest of them, as you saw, numbers on the screen up there don't have a whole lot left. West Virginia, most of their advanced care technicians will be done

within the -- the next two years based on information we've received. So once we gather that data, we had to come up and figure out what options there are for us to be able to conduct a test for Intermediate 99, if that's the choice that we made.

So reality is, we have about three options. Number one is sticking with National Registry for the assessment examination as long as they offer it. Number two is soliciting a third party vendor to administer the exam.

And at this point, it would have to be electronic in nature because the rules and regs were changed in 2010 or 2011, whatever they were changed in, that all the testing for EMS certification is done electronically now.

So if we go back to a -- our third option which is a paper-based test, we'd have to change regulations again. And anybody that's been through that process knows that's anywhere from three to seven years to get that in place. And I don't know that if registry tells us in a year

they're going to cut the Intermediate 99 that will ever take place. Certainly, there's emergency regulations, but we'll see.

So with that said, we looked at the data. We contacted -- or staff contacted three third party vendors. Two of which absolutely either said they were not interested or they didn't respond back to the OEMS staff.

And the third one was Castle Worldwide that you saw on the screen from North Carolina. They gave us a spreadsheet about what it's going to take and cost to develop and maintain an Intermediate 99 certification exam.

Less all the other components that you saw up there from the North Carolina slide. So based on our math that we come up with from a couple of the committee members, one round of tests -- one examination is about $300,000.00 just for one. And we've got to maintain at least two or a bank that's capable of producing two tests. That doesn't include the

psychometrician. That doesn't include the IT because how do we put that in electronic format. And all the other components that go along with that.

So looking at that in an annual review on how that's going to work, we didn't feel that was the best option at this point.

Now please remember that the stakeholders that was on this work group, some were very passionate about maintaining Intermediate 99 because that's what they did.

And -- and sometimes our discussions were more on a personal level than it was looking at truly the big picture.

Because in the big picture of things, just like the Advisory Board and all the other committees, we have to do what's right for the entire Commonwealth and make decisions on that. Not just for my agency or Gary's agency or anyone's agency sitting in this room. Yes, it's going to impact all of us. But our work group's process is to

look at the big picture across the Commonwealth. There were some other concerns about the current process. Number one is the assessment exam that National Registry is using.

With the exception of the American Heart Association guidelines updated, that's all that's been done since the vendor stopped publishing textbooks. So we questions the validity of the assessment test as it stands today.

Not saying it's wrong. But there are certainly some concerns over that. And now since it hasn't been updated and the only thing the registry says they're going to update is when the Heart Association guidelines change, and with the next one being 2020.

So that's concerning as well. So looking at that, we come to the conclusion -- the last webinar that we did, we probably talked for probably two and a half hours as a group. And after we got through our personal levels of discussion, we looked at the big picture. And the

recommendation that you saw on the screen earlier is what we come up with. Certainly, we have very talented EMS providers. We have very talented EMS educators.

Many of which have been in Columbus, Ohio, that have sat on the test-writing committees for National Registry. So we know that there are people out there that can do it.

But when you start looking at cost, can we get -- how many people can we get to Glen Allen to be on a test-writing committee? And how long is it going to take for that to function?

So, that's ultimately where the recommendation come from. It went to the Training and Certification Committee originally in October of 2015.

The Executive Committee of the Advisory Board said let's slow down and make sure we get the word out. Because all we've heard is the rumors about Virginia's doing away with Intermediate 99. And that is the furthest from the truth. It's all about if and when National Registry says we're no

longer going to offer that assessment-based exam. And that's what the decision's based on.

So, a couple of other things that we have since found out from both program directors of college programs, program directors of non-college affiliated programs.

There are many of them as of January 1, 2017, have said we're no longer offering Intermediate 99. They are strictly doing EMR, EMT, advanced EMT or paramedic.

Tidewater Community College which is a large college with a large target population stopped Intermediate January 1st, and they're no longer conducting registry exams based on that.

So they have told their agencies in the Tidewater area, which is everything from the Great Neck to the -- Norfolk and Virginia Beach's, if you want Intermediate 99, we will contract with you. And anybody that knows what a private organization charges for an intermediate program, you are probably going to find out

pretty quick. And that's going to be high dollar. So several other places in Northern Virginia have said the same thing.

So based on the townhall meetings that we've heard from with the people that are speaking, a lot of the program directors want to know a drop dead date. At this point, there is none.

Because National Registry has not said that when they're going to stop the assessment-based exam. And hopefully, they give us 12 to 18 months of time to make sure we get that message out.

So the good news is for the students in the room, if you plan on going intermediate keep moving forward. But don't lose it because that may be problematic in the future.

The other thing that several EMS agencies have done as well is they've taken a look at their impact on if all of a sudden obtaining new Intermediate 99's becomes a -- a problem, how do we provide ALS services to the citizens of our community? And that is across the

Commonwealth. Intermediates play a role in all of their organizations, including the one that I'm an ops chief for. There's no question about that.

The reality is if you look at your call data -- and you're going to have to do this independently as organizations -- what level of service is required for each patient. Okay?

And looking at our data and looking at James City County, a couple other agencies in the Tidewater, a couple agencies around the Richmond area have looked.

And as Gary said earlier, 90 to 95% of the calls can be handled by advanced EMT or less. And the one program in the Commonwealth of Virginia that hasn't taken off is the advanced EMT.

So you, as an organization, need to go back and look at that and say what is right for our organization? How do I deploy my medics, either Intermediate 99 or paramedics, for the greater good of our citizens? And what do I need on every transport unit? You know, if your system is

fluent and has a lot of medics, that's a great thing. In the lower Fairfax EMS region to the north, I can tell you we have always been an ALS system.

Every call, there's a medic in the back of that transport unit. And by far, we don't need that. That's not allowing them to get skills, that's not allowing our BLS providers to excel and there's lots of reasons for that.

And bottom line, our call data says you don't need a paramedic or intermediate on every call. Even though the hospital staff says we should have a paramedic or intermediate on every call because they want us to do their job for them.

Did I say that out loud? Okay. So that's a little bit how we've come. So please, aside of personal feelings, the work group's job was to look at, if and when National Registry did away with the assessment, how could we functionally, feasibly and economically work towards the process? And the result was

what you saw on the screen.

MR. CRITZER: Thanks, Larry. The other thing that's important to note, a lot of folks have asked us, well, you know, can't the State just pay to do this?

For those of you that don't understand how EMS in Virginia is funded, it's funded entirely by Four for Life. The Office of EMS has no general fund line item in the State budget.

It -- it's totally dependent on Four for Life. And Four for Life -- a lot of folks don't know -- is actually Four and a Quarter for Life.

25 cents of that goes towards EMS education in the Commonwealth. Actually, it's collected as six and a quarter per life, but $2.00 of that the system never sees.

That does go in the general fund and it's used for other non-EMS related issues. Of the $4.00 that's left, it's broken up by percentage in the State Code as to where it goes. So much of it goes to

administer the Office of EMS and the programs that they -- that they deliver. So much of it goes to the Rescue Squad Assistance Grant fund, RSAF grants that a lot of you, I know, apply for.

A percentage goes to that to fund those grants. And I can tell you, having been involved with this as long as I have, on an average -- and this is just an average number -- we have about anywhere from $9M to $10M in grant requests per cycle.

And anywhere from $3M to $4M to fund it. So does every grant request get funded? By far, no, it does not. 26% of that money gets returned to the locality in which it's collected.

It gets collected on your vehicle -- motor vehicle registration fee. So if your -- your vehicle's registered in Waynesboro, Waynesboro gets that twenty -- that's part of that 26% that comes back to Waynesboro. And in the Code of Virginia, it has to be used for education, training and equipment for non-profit, licensed EMS

agencies in the Commonwealth. So that money is broken up in percentages. Some of it helps to fund the regional councils. That's how those programs are delivered.

But there is no general fund budget. There is no, hey, General Assembly, we're going to -- we're going to, you know, push to have an increase in our line item budget. Doesn't happen.

We'd have to increase that -- essentially, what is -- you know, it's a fee. But we know how fees are referred to, it's a tax on your motor vehicle registration.

We'd have to go to the General Assembly and get that increased to get additional money. Or we take that $300,000.00, $400,000.00, $500,000.00 a year and we pull it from some other source that we're using it from.

We could pull it from different places, but something's going to suffer as a -- as a result of that. So where does that money come from to deliver those programs? A lot of people don't

understand that that's how EMS is funded in Virginia. There is no general fund line item budget for Virginia EMS. Okay?

And when we look at budgets like they faced this year with huge budget deficits, asking for more money in the State to raise tariffs and raise fees, quite honestly, is not a real popular thing with our elected officials.

There were organizations who did try to get additional money, public safety organizations, this year. And they were not successful. So you need to be thinking about those things as we -- we talk about where we need to go from here.

At this -- at this point, I want to ask Dr. Brand from the Medical Direction Committee -- they've been talking about this -- if he has any comments he wants to make. And yes, I'm putting you on the spot.

DR. BRAND: Thank you. Well, from the Medical Direction Committee, we've addressed this a few times probably in the

last seven or eight years. And I think the feeling among the medical directors at that -- you know, at the committee level is basically that the intermediate curriculum is very good.

And it adds a lot in terms of knowledge and capacity when you take care of patients in the field. The -- what Gary's talking about in terms of new science and new evidence is very clearly pointing out that the vast majority of lives are saved actually at the BLS level.

And one of the -- one of the problems that we do see is that the BLS folks are out there all the time are always expecting ALS folks to come in and take care of that patient when they are perfectly capable and have all the tools necessary.

The intermediate advanced level was actually constructed in a very good way. And it includes essentially all of the major life-saving skills and medications that work pre-hospital. Okay, so that -- that's how they came up with that. And it really is a -- it really is an

ALS, you know, certification if you ask me. I mean, things are being done there at the advanced level.

We're seeing a -- you know, with science, we're seeing a lot of trends that are basically going to erase the -- some of the skills that come with the intermediate level.

For instance, cardiac drugs. They don't matter. They do matter in some circumstances, but they're few. You know, and they require a fair amount of clinical judgment about when you would use those things.

And there are some exceptions to that but in general, you know, all that -- you know, epi shock, epi -- amiodarone stuff has never really been shown to help anything.

So the tools that the advanced level has is -- is very good, okay. And I think that the model -- the EMS model that Gary alluded to where you have essentially EMT's on EMS ambulances with paramedic support is probably the best model. It --

it plays out with, you know, the limited science that we have on that. And you know, frankly, you know, the -- the governments and the people paying for all this are going to realize that it's a more cost-effective model, too.

And it -- it puts the front line people, BLS or, you know, the advanced EMT in the front line where they have to do the work. And that translates to saved lives. So you know, things are changing.

I think that the intermediate certification's excellent. The training is very good. The amount of material that was taken essentially out of the paramedic curriculum is actually the most important part in terms of technical skills and being able to -- to do some of those things.

However, there's not going to be much support for it. I really don't see this -- I really don't see EMT-I persisting at an -- for -- for a long period of time. So -- but what I encourage you to do, for those of you who are training to be EMT-I's or are EMT-I's or are concerned about your

-- your city, your agency, the county that you're responsible for is realize that this change is not -- in any way, shape or form -- going to jeopardize patient care.

In fact, I believe it'll enhance it. And that's because of focus -- basically trying to focus on EMT-A skills on all -- on all ambulances. And for a long period of time, EMS -- I mean, intermediates are going to serve that function.

And you know, this is not taking away. This is not invalidating the training you've had. It's just that it's a changing system.

MR. CRITZER: Thank you, Asher. Just to build on that very quickly, if you look at the -- the EMT-A skill set and you look at the medications that they deliver, those medications have been clearly identified as life-saving medications.

D-50, epinephrine for anaphylaxis, etcetera. And -- and Narcan, the ones that truly make a difference can be given by the EMT-A. Now before we go any

farther, we are not standing up here telling you how to design your system. That's a local choice, that's a local decision. We are encouraging you to go out and -- and look at the science, look at the research, look at how things are being delivered.

And it's -- maybe it's an opportunity to revisit how you deliver your programs and services. That's all we're suggesting.

So don't take it that the State's trying to dictate -- or the Advisory Board's trying to dictate how you deliver service. That is a local choice and a local option.

And we would never try to inflict that decision on you. All right, one last thing. I know we've got at least one program director here, and I'm not trying to put him on the spot.

But Matt Lawler was involved in -- on the committee with Larry that looked at the future of EMT-I. And I at least want to give him the opportunity -- from either that committee or as a program

director that currently does 'I,' if he had any comments he'd like to make.

MR. LAWLER: Well, I think the -- you know, the remarks that have been made so far tonight are -- are pretty clear. Maybe I could speak for just a moment on the challenges we face with the educational component of that.

You talked about the -- the paramedic textbooks, us using paramedic textbooks. We've actually switched to the advanced EMT textbook as our base textbook. And we use supplemental material to add to that.

Simply because the paramedic textbooks have become so advanced that it's really difficult to use that for the intermediate level and try to discern, you know, what we need to pull out and what we don't need to pull out.

So I think -- I think that model works better. But we -- we are faced with challenges in the -- the delivery of -- of the education. Larry summed up pretty

well all the -- you know, the remarks that we made on the -- on our -- the things that we talked about on the committee. There -- there was a lot of discussion about that.

And again, a lot of people, you know, strongly believe in the intermediate program. I -- you know, include me in that, too, because you know, I've taught that as a -- as a program director for quite a while.

And I think it's, you know, it's a good level. Is it what we need as we move into the future? I don't know. One of the things that I'm also responsible for is assisting on the Medical Control Review Committee for the EMS Council.

And we see a lot of issues with skill creep and skill dilution. And I think that challenges our -- our providers out there.

And what Dr. Brand said I think is important in that if we focus on the things that are -- are really important, I think that we'll go a long way as well.

MR. CRITZER: Thank you, Matt. Sorry, didn't mean to put you on the spot. Actually I did, but that's okay. And last but not least, certainly I'll ask -- they've been -- they're remained quiet at every one of these.

But if there's anything from Office staff that they would like to offer before we go to the public comment period. For Warren Short to be that quiet is a dangerous thought. But anyway, okay.

So, then we will go to the public comment period. Just to let you know how this works, I'm going to call your name. I'd like for you to come up to the microphone because this is being recorded.

And that's how it'll be transcribed in the minutes. Many of you have checked on here that you would like minute -- meeting minutes.

Once this is transcribed, they can be sent to you if you -- if they can read your email address, they will get them out to you. The hope is that they will all be -- well, they will be. It's not the

hope. They will be eventually on the web site, so you could also go and read them or download them from that site at a later date.

There is a little box up here. It has three lights on it. It is a timer. You have three minutes to speak. When you get to two minutes and 30 seconds, the yellow light will start to blink.

And when you get to three minutes, the red light will flash and it'll make all kind of noise and shoot lasers at you and all that kind of stuff. So that's how it works.

Because we only have three folks that have indicated they want to speak tonight, if you -- through their comments or if you thought of something now and you've changed your mind, we will allow that opportunity at the end.

Okay? All right. The first person who signed up, look like it's Greg Cassius.

MR. CASSIUS: Well, I -- thank you

to the members of the Advisory Board and to Office of EMS staff who made the journey to come out here. Sorry, I'm sort of facing away from you.

Three minutes isn't much time. I could probably talk for 30. I'm not going to waste time talking about the wisdom of the decision because there's others who can speak just as passionately about that.

What I want to say is I'm here representing the Harrisonburg Rescue Squad. We're a high volume, volunteer system. We are actually majority paramedic, more paramedics than intermediates.

And we use paramedics as support personnel, not on every call. Despite that, we -- like every agency in the area -- rely on a steady influx of new providers every year.

We have providers who leave to do other things with their lives. Paid providers in the area leave to go to other departments or leave emergency services altogether. They get hit just as hard, if not worse, than we do. So we all see

regular turnover. We've been blessed that the region provides a low cost, high quality intermediate program. Most of our paramedics started out as intermediates and eventually bridged.

The cost to train a new EMT to paramedic provider versus an EMT to intermediate provider is five to 10 times higher, depending on the program that you use.

If those intermediates eventually bridge over to paramedic, the cost is still at least twice as high as going through a community college or a for profit program.

So obviously, this is a tremendous financial burden on, not only us, but every other agency in the region. So what I would ask you to do is don't quit after you made the final decision.

These committees that -- on transition need to remain in place to talk about how they can ease the burden on our agencies, our region and across the state. And I only have three minutes so I can't go

into much detail. But here is some of the things that I would ask you to do. First of all, ease the regulatory burden.

I fully believe we have representatives from at least two intermediate programs here tonight that they could teach quality paramedic programs. The burden's are logistical.

We have no paramedic program based in this area. We have visitors, but no program that's committed to the area totally. So make that easier.

And if that means going out and rather than waiting for them to turn in a packet saying, hey, you -- we know you can teach a good intermediate class. We want to provide logistical support.

I know you guys have got a lot of work, so that may involve hiring paid consultants or some other people to help them with those processes.

And then finally, as I wind down, provide some financial support. I hear what you're saying about -- and I know how the financial system works. But the --

matching funds for one ambulance can train a lot of paramedics. So let them apply through RSAF grants, let them apply through a new vehicle.

But find some financial support for agencies to bridge their existing intermediates to paramedic. Because I am a paramedic. I do think it's a higher level of training and that it is beneficial.

But help people make that switch over. We are majority intermediate in this area, so we're harder hit than most regions.

But I think with some administrative and financial support we can make the switch, but we just need your help to do it. Thank you.

MR. CRITZER: Also -- I know Greg had some other notes prepared. If you want, you can turn that into like a Word document or whatever and submit those electronically on the web site. Or email them to Warren or I and we'll include those with the minutes

of the meeting. So we'll make sure they get captured. The next individual is Valerie Quick. And I apologize. Valerie's also the program coordinator for the U Va's program.

So before you start your three minutes, if you want to talk about your position as education coordinator for the ALS program, I'll allow for that and then we'll start your own comments.

MS. QUICK: Right. So I -- I run the University of Virginia A-EMT and intermediate program, which we've been doing for -- actually, since the I-99 program was actually first incepted.

So it's a high quality program and we have a -- a pretty high success rate for those people coming out of it. So I -- I definitely have a -- a lot to say about the intermediate program and the benefits of that.

But that's actually not going to be my focus. Having said that, is -- and I actually am an I-99. And was a cardiac tech way back when. I -- I really think

that the -- the EMS system has changed pretty dramatically since I first came into it, in that we did rely very heavily on the -- the intermediates as they were really our bread and butter in the rural volunteer system.

But that's not the same system that it was 20 years ago. And I think it's time for us to -- to accept that practice and go on to the next part of what the EMS system is.

And really come up with an actual identity that is what is a medic. Is a medic an I-99? Is a medic a paramedic? And I think that we have muddied the waters so much that it is difficult to be able to -- to really understand that.

Our public doesn't understand that. Our public is now looking for a very different type of service than it did 20 years ago.

20 years ago, they really did brace us coming off of our teaching jobs and off of farm machinery or whatever we were doing to basically grab and go. That's not

what they're looking for any more. So it's not the state, it's not National Registry that is destroying the volunteer EMS system. It is the expectations of our patients that deserve good quality care.

Kind of speaking to the A-EMT program as somebody who has struggled with that a little bit, but still has been successful with that program.

I think that having just a lot of these different levels has made a -- a bit of a confusion as that -- the A-EMT is less worthy of being a legitimate and very, very important part of our system.

And I think if we take -- took the paramedic program to a much higher level and had a much higher expectation of the paramedics as true like critically thinking, just you know, whole package providers then the A-EMT program would actually blossom.

Because I agree with Dr. Brand. That's really where the vast majority of the calls that we run are. And so I think it just really requires us as a system to embrace a different type of

system, and put the educational resources in place to make a strong, very rigorous paramedic program. Not to just put anybody through a program that can get -- you know, that they can basically apply for it.

And I think that's kind of what we've been doing at this point. So I think that there's a big change in all of that.

So I think the identity, just coming up with educational standards and making it much more even is probably where we need to go to get to the next generation of what EMS is.

And you know, I think -- I think that that's kind of our best direction. Do you have any questions or -- since we've only have three speakers. All right.

MR. CRITZER: And the last person is [inaudible.] Okay. Is there anybody else? We have time here at the end. Is there anybody else that has any comments? Yes, sir.

MR. YOUNG: I'm Bob Young, I'm with Blue Ridge Community College. We've worked with CSEMS to -- to look at a paramedic program. We developed it.

We're -- we're very close to it. We had to back away a little bit because of some issues. But we are -- are here to support the -- the service area.

And whatever we can do to help, we're here to -- to do that, working with CSEMS and the rest of the rest of the providers in this area. Thank you.

MR. CRITZER: Is there anybody else that would like to make any remarks this evening? Again, if you change your mind later or you have some written thoughts and you want to submit them, do so on the online format, on the Office of EMS web site.

We really want to hear from the providers. We've been having -- and -- and agency leaders. We've only had about three to four speakers at all of these so far. And we know there are people out there who have positions or opinions about their

system. And we really want to hear that as we're making a decision. So don't be bashful. Let us know how you feel.

And if you don't like doing it publicly, submit it electronically on the web site because we really want to hear from you about what you think about this -- where -- where we need to go.

Anybody else? Any -- going once, going twice? Last but not -- oh, come on up. While she's coming up -- so I don't forget, Dr. Young, thank you very much for allowing us to use your facility tonight.

We appreciate that very much and opening your doors. And let me turn it over to you. If you'll just state your name and the agency you're with.

MS. SMITH: My name is Robin Smith and I run with Churchville Volunteer Fire and Rescue. I've been an advanced EMT for four years released.

I'm currently in the medic class with Mr. Matt Lawler. And in that time, I've learned a lot of information

that'll be beneficial to my community. I run for a very small agency. We run about 800 calls a year, 600 depending. But we do a lot of second, due to a lot of rural areas that don't have paramedics.

I work 50 to 60 hours a week. I don't meet low income requirements that'll let me get financial aid to be able to get paramedic.

So intermediate is about as close as I'm going to get to getting to where I need to go. So that's why I think this program needs to find a way to continue.

Whether it's us finding testing through the state or the state making it easier for people in my situation that want to do better for their community to be able to get that paramedic, like the gentleman from Harrisonburg was saying.

It makes more sense to put more knowledge out there and have better providers for our royal -- our areas that aren't saturated with paramedics. We have a lot of medics in this area. And if that is

going to help our patients, that's great. If going up a level is going to help those patients, that's great, also. But all of the knowledge that I've learned, I don't want to go backwards.

I don't want to get capped. I don't want to know that there's something else that needed to be done for that patient and I can't do it. But I'm an hour away from the nearest hospital, and Air Care is not able to fly.

I don't want to say at the end of the day because I couldn't get a paramedic education -- because I couldn't afford to go to college to get that -- and it's not offered around here as much, that I cost someone their life.

I don't want to be that. Because right now, I'm only an advanced. So that's -- that's my personal feel on it. Patient care has to come first and there has to be an easier way. Don't degrade the knowledge. We have to have the education. But there has to be an easier way for people that work their butts off to try to make

ends meet to be able to do that.

MR. CRITZER: Thank you very much. Since we've only had a few speakers here at the end, we will be here if you want to come up and speak with one of us or one of the Office of EMS staff and ask some questions.

That opportunity exists and we'll hang around for a few minutes. One last thing. We've heard a couple of people -- Greg and that young lady that just spoke -- about difficulty with the cost of classes.

And -- and how that's stress on providers. And I say this very cautiously and I hope I don't make Scott fall out of his chair back there.

Because there's nothing -- nothing been formally determined on this, but those of you that are -- are EMS education folks out there now, whether you're an education coordinator in your agency or you're a program manager like Valerie or -- or Matt in -- in your official capacities. Know that the EMS training

funds program is under review and under change. And that's being caused, not by the Office of EMS, but it's being pushed down from above them through State procurement and purchasing and those things.

That the way we were using those funds before can not continue in that fashion. And that process has went through several renditions trying to satisfy -- and I say this with all due respect -- the procurement side, the bean counters that need to make sure that we're following the proper way of delivering those monies.

So there have been several different concepts of how those monies could be used. And while nothing is written in stone, because it has to have their final approval, one of the concepts was to make those funds -- some of those funds available in a scholarship program.

Where providers could apply for money through the State to support their EMS education. Whether that would be in a partial scholarship or a full ride, all those things are left to be -- yet to be

said because nothing's been finally approved. But I want you to understand that we have heard that and there is concern that we know that the cost of formal EMS education has went up.

It's not cheap. We know that to the south of us in the Roanoke Valley that through one institution of higher learning that their paramedic program is no longer a two-year program.

It's a four-year program. And it costs about $100,000.00 to go through it. So -- and we know that the community college programs are ranging anywhere from $7000.00 to $10,000.00 depending on which college it is.

We understand that that hits pocketbooks hard, as the young lady said. So hopefully, this program will get approval.

And it would allow for the ability for students interested in enrolling in accredited EMS programs the ability to get tuition assistance or a scholarship. Much like the nursing scholarship program

works in Virginia, so that they can have assistance getting their EMS education. Whether that's a paramedic program through U Va, or it's a paramedic program through Tidewater Community College or it's an EMT intermediate program through CSEMS.

There would be some way to help support that education. So that's yet to be seen. Again, it's -- it's got to meet final muster with the people above the Office of EMS.

But hopefully we can bring that to fruition in the next several months and have something rolled out that can be announced to the system, as this is how you can take advantage of that program. So any other questions before we wrap it up tonight? Warren?

MR. SHORT: Once he wraps up, it won't be recorded. It'll be off the record. But I got all the training staff here. We're more than happy to hang around until 9:00 o'clock -- that's when it ends officially -- and answer any questions you

may have about EMS. You're not under the gun. You're -- well, we're -- we're here. We got our resource here. The only thing we're going to do is go back tonight.

All of us will go to sleep in the car except for Debbie who's driving. So if you do have questions, anything, please -- if you want to just hang around -- you can do it as a group.

If you don't want to leave, we'll still be around for the ones who want to do it individually. But I thought at least to offer that.

We got such a great crowd here tonight with people who are involved in EMS in the local area, that we'd be more than happy to try and address any of the questions that you have. Outside of this. It'll be totally separate from the intermediate stuff.

MR. CRITZER: Thank you, Warren. So with that, thank you, everybody, for taking time out of your busy days and lives to come tonight. Please, if you didn't

speak and you have a position on this or your organization has a position on this, please submit it electronically so we capture it. Thank you very much.

(The townhall meeting concluded.)

CERTIFICATE OF THE COURT REPORTER

I, Debroah Carter, do hereby certify that I transcribed the foregoing BLUE RIDGE COMMUNITY COLLEGE TOWNHALL MEETING heard on March 8th, 2017, from digital media, and that the foregoing is a full and complete transcript of the said townhall meeting to the best of my ability.

Given under my hand this 16th day of March, 2017.

Debroah Carter, CMRS, CCR
Virginia Certified
Court Reporter

My certification expires June 30, 2017.

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